MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

331 / 83a

0834

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Dames Quarter Md. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cecelia L. (Middle) Bozman (Last)

4. DATE OF DEATH (Month) Jan. (Day) 14 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH March 22, 1868 | 9. AGE last birthday 80 yrs. | If under 1 year: Months 10, Days 23 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Unknown | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Rufus Jones | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT John R. Bozman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart-Complication

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1949, to 1/4, 1949, that I last saw the deceased alive on 1/4, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Smith | ADDRESS Princess Anne Md | DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 1/16/49 | NAME OF CEMETERY OR CREMATORY Chance Cemetery | LOCATION (City, town, or county) Chance Md. (State)

DATE REC'D BY LOCAL REG. 1/14/49 | REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr. | 24. FUNERAL DIRECTOR Dale Dashiell, Princess Anne, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 15 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4214 0835

CERTIFICATE OF DEATH

92d Reg. Dist. No. 269

1. PLACE OF DEATH: COUNTY Monie, Somerset Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN No town
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Monie Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Eufrate Bozman - [illegible]

4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Not Obtainable
9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Somerset Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Sidney Smith
14. MOTHER'S MAIDEN NAME Elizabeth Ann Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT J. Charles Bozman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart-Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at time of death 19....., that I last saw the deceased alive on 1/16, 1949, and that death occurred at home m, from the causes and on the date stated above.

SIGNATURE T. J. Smith (Degree or title) ADDRESS Princess Anne Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE 1/20/49
NAME OF CEMETERY OR CREMATORY Fr. Ord. M.
LOCATION (City, town, or county) Oriole (State) Md

DATE REC'D BY LOCAL REG. 1/20/49
REGISTRAR'S SIGNATURE Wm. P. Bennett - T
24. FUNERAL DIRECTOR R. G. Webster ADDRESS

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JAN 25 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 26.5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mc Cready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Asbury Ave

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) Stanley (Last) Cullen, 3rd

4. DATE OF DEATH: (Mooth) Jan. (Day) 26 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 24, 1949

9. AGE last birthday: yrs.
If under 1 year: Months | Days 2
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, eveo if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harold Stanley Cullen, Jr.

14. MOTHER'S MAIDEN NAME: Frances Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or detes of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Harold Stanley Cullen, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature infant — Interval between onset and death: 6-7 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): O
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1949, to Jan 26, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 5:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C Rawley MD
ADDRESS: Crisfield, Md
DATE SIGNED: 1-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan 27, 1949
NAME OF CEMETERY OR CREMATORY: Asbury
LOCATION (City, towo, or couoty) (State): Crisfield - Md

DATE REC'D BY LOCAL REG.: Jan. 27, 1949
REGISTRAR'S SIGNATURE: Janice E. Spivey
24. FUNERAL DIRECTOR: Durward D. Covington
ADDRESS:

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JAN 31 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Somerset; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield; LENGTH OF STAY (in this place): Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Marioners Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield; STREET ADDRESS (If rural give location): Marioners Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) TRAVIS (Last) CULLEN

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 16, 1870

9. AGE last birthday: 78 yrs. If under 1 year: Months 5, Days 16, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood packer (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jobe Travis Cullen

14. MOTHER'S MAIDEN NAME: Cornelia Somers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Oedema of lungs	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis	3 yrs
	(c) Chronic myocarditis	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1949, to Jan. 16, 1949, that I last saw the deceased alive on Jan. 15, 1949, and that death occurred at 1:45 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. M. Payton	M. D	Crisfield, Md	Jan. 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 18, 1949	Private cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 18, 1949	Janice E. Spurrier	Bradshaw Funeral Parlors,	Crisfield, Md.

RECEIVED
JAN 24 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4201 0838

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred: McCready Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Broadway

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: LAURA ELIZABETH DAVIS

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Jesse H. Davis

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1893

8. AGE: Years	Months	Days	If less than one day
55			..... hrs. ..... min.

9. Birthplace: Crisfield-Somerset-Maryland (Town, county, and state)

10. Usual occupation: Seafood Laborer

11. Industry or business

FATHER 12. Name: John E. Parks

13. Birthplace: Fairmount, Maryland

MOTHER 14. Maiden name: Ida Francis Fluhart

15. Birthplace: Crisfield, Maryland

16. Informant: McCready Hospital

Address: Crisfield, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 7, 1949 (month) (day) (year)

Cemetery or crematory: Crisfield Cemetery

Location: Crisfield, Maryland

18. Funeral director: H. Harvey Bradshaw

Address: Crisfield, Maryland

19. Jan. 6 1949 (Date rec'd by registrar) Janice E. Spires Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1949, at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 17 1948 to Jan. 3 1949 and that I last saw h[illegible] alive on Jan. 3 1949

Immediate cause of death	DURATION
Myocardial infarction	1 wk
Heart Block	
Due to Coronary Thrombosis	2 wks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE S. W. Peyton M.D. M. D. or other

Address Crisfield, Md. Date signed Jan. 5, 1949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 10 1949
BUREAU V. S.

Evidence for addition to #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 MAY 12 19[illegible]

CERTIFICATE OF DEATH

177 51 lb

0839

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Marion | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural-Marion

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Marion
STREET ADDRESS (If rural give location) Rural-Marion

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) MORTIMER (Last) DAVIS
4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 1949

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Feb. 26, 1874
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Davis
14. MOTHER'S MAIDEN NAME: Kathryn Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Samuel Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia. Coma. Acut Dil Heart — 1 week

Antecedent cause(s) (due to)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Anuria + Myocarditis (5/12/49 S.) — 3 years

(c) Chronic Ot nephritis Chron Myocarditis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947.
19b. MAJOR FINDINGS OF OPERATION: Tumor uretus. Jn Dysuria Malignant
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1949, to Jan 22, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 5 + m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Geo C Cochran M D — Princess St Md — Jan. 23 49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan. 24, 1949
NAME OF CEMETERY OR CREMATORY: Rehoboth Presbyterian
LOCATION (City, town, or county) (State): Rehoboth Maryland

DATE REC'D BY LOCAL REG.: January 24/49
REGISTRAR'S SIGNATURE: Betty Massey
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors
ADDRESS: Crisfield

VS. A15

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JAN 31 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0840

260/61

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hopewell--Old State Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural---Hopewell
STREET ADDRESS (If rural, give location): Old State Road

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) FRANCES (Last) DAVIS

4. DATE OF DEATH: (Month) Jan. (Day) 28, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 14, 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sidney Ward

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Alonzo Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes Acute Uremia — 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetes Mellitus, Chronic Interstitial Nephritis — 4 years.

(c) Chronic Myocarditis (Diabetes Fungus of Rt Foot) — 1 month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. nm.

19a. DATE OF OPERATION: nm.

19b. MAJOR FINDINGS OF OPERATION: nm

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): nm

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: nm

22. I hereby certify that I attended the deceased from at intervals 1947, 19..., to Jan 28, 1949, that I last saw the deceased alive on Jan 27, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jesse C Cullum M D — ADDRESS: Main St Md — DATE SIGNED: Jan 29 49

23. BURIAL, CREMATION or REMOVAL (Specify): burial — DATE THEREOF: Jan. 30, 49 — NAME OF CEMETERY OR CREMATORY: Private Cemetery — LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: Jan 29 1949 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors — ADDRESS: Crisfield

RECEIVED
FEB 7 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR ADDITION & CHANGE ITEM #18 IS ON: 472/109

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CERTIFICATE OF DEATH

FILM No. G 119 MAR 10 1949

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural give location) Paper Street

3. NAME OF DECEASED (Type or Print): (First) FRONZYUBAN (Middle) DIRKSON (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 28, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 13, 1948

9. AGE last birthday: yrs.; If under 1 year: Months 5, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harlan Cottman

14. MOTHER'S MAIDEN NAME: Georgia Dirkson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Georgia Dirkson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ~~Pneumonia~~ Meningitis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia [3/9/49 also]	4 days
	(c) Organism unknown	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1949, to Jan. 28, 1949, that I last saw the deceased alive on Jan. 27, 1949, and that death occurred at 8:14 A.M., from the causes and on the date stated above.

SIGNATURE: Sarah M. Payton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Feb. 1, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE: Feb. 1, 1949; NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery; LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: Feb. 1, 1949; REGISTRAR'S SIGNATURE: Janice E. Spriggs

24. FUNERAL DIRECTOR: V. Bradshaw Funeral Parlors; ADDRESS: Crisfield

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

754.4 . 0842

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset

City or town RURAL, Marion
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town RURAL, Marion
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Linda Lee Dize

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): December 28, 1948

8. AGE: Years | Months | Days: 15 | If less than one day ... hrs. ... min.

9. Birthplace: RURAL, Marion-Somerset-Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Furman Dize, Jr.
13. Birthplace: Crisfield, Md

MOTHER
14. Maiden name: Ann Taylor
15. Birthplace: Crisfield, Md.

16. Informant: Furman Dize, Jr.
Address: Marion, Md Rural

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 12, 1949 (month) (day) (year)

Cemetery or crematory: St Pauls Cemetery

Location: RURAL, Marion

18. Funeral director: H. Harvey Bradshaw
Address: Crisfield, Md,

19. January 11 1949 (Date rec'd by registrar) Betty Massey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1949, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28 1948, to Jan 11 1949 and that I last saw her alive on Jan 10 1949

Immediate cause of death: Premature at 8 months.

Due to

Due to Coronary Disease.

Other conditions

(Include pregnancy within 3 months of death)

DURATION: since Birth

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Suzie C Coulbourn M D
M. D. or other

Address Morton Sta Md Date signed Jan 12 1949

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitelsburg Rt. 1 Pa. Corner
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED (Type or Print): (First) Morris (Middle) Mac (Last) Hughes

4. DATE OF DEATH: (Month) Jan. (Day) 8, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb. 11 1931

9. AGE last birthday: 17 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School girl

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocomoke

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis Hughes

14. MOTHER'S MAIDEN NAME: Eva Hales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Jack Hales

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental drowning

Antecedent cause(s): Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asphyxiation by drowning.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Creek Road — (CITY OR TOWN) Whitesburg — (COUNTY) Somerset — (STATE) Md.

TIME OF INJURY (Month) 1 (Day) 8 (Year) 49 (Hour) 1 P. m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Car ran off bridge

22. I hereby certify that I attended the deceased from Dead on arrival, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. O. Whaley M.D. — ADDRESS: Princess Anne — DATE SIGNED: 1/10/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/10/49 — NAME OF CEMETERY OR CREMATORY: Charles Smullen — LOCATION (City, town, or county) (State): Near Fairmount Md.

DATE REC'D BY LOCAL REG. 1/10/49 — REGISTRAR'S SIGNATURE: K. B. Johnson, M.D. — 24. FUNERAL DIRECTOR: Dale Cashell — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8245 1844

CERTIFICATE OF DEATH

170 C Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Somerset; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whitelsburg; LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whitelsburg (Near Princess Anne)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none	STREET ADDRESS (If rural give location): none

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Eva	Ellen	Dykes	Jan.	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	married	Sept 19, 1912	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	housework	Carol Co. Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Warren Hale	Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mr. Jack Hale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental drowning.

Antecedent cause(s) (b) Asphyxiation by drowning.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accidental drowning in auto.		Whitesburg	Somerset	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☒	HOW DID INJURY OCCUR?
1	8	49	2 P. m.			Car ran off a bridge.

22. I hereby certify that I attended the deceased from Dec 31 '48, 19..., to Jan 8 '49, 19..., that I last saw the deceased alive on Jan 8 '49, 19..., and that death occurred at about 4 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ellen B. Wheatley M.D.		Princess Anne Md	1/10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/10/49	Charles Smullen	Near Frenchtown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/10/49	R. S. Johnson, M.D.	Dale Hoskill	

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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95C Reg. Dist. No. 760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westover
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westover
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) HENRY (Last) ENNIS

4. DATE OF DEATH (Month) JAN (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: JUNE 22-1872

9. AGE last birthday: 76 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Columbus Ennis

14. MOTHER'S MAIDEN NAME: Ellen Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Mary C. Ennis Westover Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

22. I hereby certify that I ~~attended the deceased~~ from ....., 19....., to ....., 19....., ~~that I last saw the deceased~~ alive on ....., 19....., and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County — (Degree or title) — ADDRESS — DATE SIGNED 1/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan 30-1949 — NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery — LOCATION (City, town, or county) Rehoboth Md. (State)

DATE REC'D BY LOCAL REG. 1/28/49 — REGISTRAR'S SIGNATURE R. S. Johnson, M.D. — 24. FUNERAL DIRECTOR Henry A. Watson — ADDRESS Pocomoke Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

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The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Richardson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Richardson Avenue

3. NAME OF DECEASED (Type or Print): (First) MERRILL (Middle) T. (Last) EVANS

4. DATE OF DEATH: (Month) Jan. (Day) 19, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Feb. 14, 1880

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse D. Evans

14. MOTHER'S MAIDEN NAME: Rachel Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Harry Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) arteriosclerosis — 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1949, to Jan 19, 1949, that I last saw the deceased alive on Jan 19, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: C G Rawley — (Degree or title) M.D. — ADDRESS: Crisfield, Md. — DATE SIGNED: 1-21-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 21, 1949 — NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: Jan. 21-1949 — REGISTRAR'S SIGNATURE: Janice E. Spiers

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors — ADDRESS: Crisfield, Md.

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JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

131a Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
MARYLAND
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susan	Jane	Fontaine	Jan.	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Col.	Widowed	Feb. 24, 1885	63 yrs.		10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Stockton, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		219-07-1029	Georgia Fontaine Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	1 year
	(c) Hypertension and Arteriosclerotic Heart Disease	6 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 14, 1949, to Jan 7, 1949 that I last saw the deceased alive on Jan 7, 1949, and that death occurred at 1:30 PM Jan 10, 1949 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank Watson M.D.	Princess Anne	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 13, 1949	Cottage Grove	Westover Som. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/12/49	R. S. Johnson M.D. Jr.	Norma J. Ward	Marion Sta. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

83a Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 57 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Myrtle St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Myrtle St.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) FOX (Last)

4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 49

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH 1867

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New York State

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Miss Susan Fox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	1 wks
	(c) Hemiplegia, rt side	3 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Thrombosis	3 mo.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Jan, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE C. G. Rawley (Degree or title) M.D. ADDRESS Crisfield DATE SIGNED 1-27-49

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE Jan. 27, 49

NAME OF CEMETERY OR CREMATORY Rehoboth Methodist

LOCATION (City, town, or county) (State) Rehoboth, Maryland

DATE REC'D BY LOCAL REG. Jan. 27, 1949

REGISTRAR'S SIGNATURE Janice E. Spires

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS Crisfield

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 94 0 0849

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield, Maryland
STREET ADDRESS (If rural give location) 310 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) CAROLINE (Last) GRIFFIN

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: April 22, 1890 | 9. AGE last birthday: 58 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital attendant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Crisfield, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Azarih Griffin | 14. MOTHER'S MAIDEN NAME: Mary Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Hance Griffin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis — 17 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial impairment — 18 mo

(c) Hypertension — 18 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1947, to Jan. 22, 1949, that I last saw the deceased alive on Jan. 20, 1949, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sarah M. Payton M.D Crisfield, Md Jan. 25, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 25, 1949 | NAME OF CEMETERY OR CREMATORY: Black Burying Ground | LOCATION (City, town, or county) (State): Fruitland, Md.

DATE REC'D BY LOCAL REG.: Jan. 25-1949 | REGISTRAR'S SIGNATURE: Janice E Spires

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

7546 157 R 0850

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred: McCready Memorial Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Crisfield (If outside city or town limits, write RURAL and give nearest town)

Street No. 11 Maryland Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: HARRIS, ~~Infant~~ Donna Jeane

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): January 10, 1949

8. AGE: Years | Months | Days | If less than one day: 7 hrs. ... min.

9. Birthplace: Somerset-Crisfield-Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name: Melvin Mace Harris

13. Birthplace: Phoebus, Virginia

MOTHER: 14. Maiden name: Myrtle Virginia Culbertson

15. Birthplace: Marion, Maryland

16. Informant: Melvin Harris

Address: Crisfield, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 12, 1949 (month) (day) (year)

Cemetery or crematory: Mariners Cemetery

Location: Crisfield, Maryland

18. Funeral director: H. Harvey Bradshaw

Address: Crisfield, Maryland

19. January 11, 1949 (Date rec'd by registrar) Betty Massey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10 1949 at 6:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1949 to Jan 10 1949 and that I last saw h— alive on Jan 10 19

Immediate cause of death: 7 months Eruption

Due to: Circulatory Complication

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 7 hrs

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: George A Cullen M D, M. D. or other

Address: Marion Sts Md Date signed: Jan 11 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 18 1949
BUREAU V. S.

0851

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4222
932

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rehoboth | LENGTH OF STAY (In this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural give location) Cedar Street

3. NAME OF DECEASED (Type or Print): (First) GRANVILLE (Middle) UPSHUR (Last) HENDERSON

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 26 1869

9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Henderson

14. MOTHER'S MAIDEN NAME: Amanda Merrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. ?

17. INFORMANT: Fred. H. Henderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia Acute Dil of Heart — 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Int Nephritis

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 22, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

George C. Coulbourn MD | Marion Md | Jan 23 49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Jan 24 1949 | Salem M.E. Cemetery | Pocomoke Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

January 24, 19[illegible] | Betty Massey | Henry H. Watson | Pocomoke Md.

VS-A15

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JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0852

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13b

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Jacksonville Road -

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Wilhelmina	Hinman	Jan.	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	Feb. 11, 1868	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Massey - Kent Co. - Delaware	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mrs. Annie Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 10 yrs. +

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct., 1947, to Jan. 7, 1949, that I last saw the deceased alive on Jan. 7, 1949, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Peyton	M.D.	Crisfield, Md	Jan. 9, 1949

23. BURIAL, CREMATION REMOVAL. (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/10/49	Sunny Ridge Cemetery	Crisfield	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/10/49	Janice E. Spires	H. Harvey Bradshaw	Crisfield Md

RECEIVED
JAN 15 1949
BUREAU V. S.

0853

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

500

CERTIFICATE OF DEATH

106a Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon — LENGTH OF STAY (in this place) 1 mon. 26 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ruby Rosetta (Middle) Mae (Last) Hitch				4. DATE OF DEATH (Month) Jan. (Year) 1949	
5. SEX Female	6. COLOR OR RACE B.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Nov. 20, 1948	9. AGE last birthday yrs.	If under 1 Months. 1 Days 25 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Mt Vernon, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Not known (WILLIAM BUTLER ON BIRTH CERT.)		14. MOTHER'S MAIDEN NAME Arinthia Hitch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Denwood Jones	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Bronchitis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ ....., 19....., to ....., 19....., ~~that I last saw the deceased alive on~~ ....., 19....., and that death occurred at 8 a.m. m., from the causes and on the date stated above.

HENRY M. LANKFORD M.D. Deputy Medical Examiner for Somerset County

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lankford	M.D.	Princess Anne Md	1/14/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 15, 1949	St Paul Cemetery	Mt Vernon	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/14/49	R. S. Johnson, M.D.	Dale Daskill, Princess Anne, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 550.1 0854

CERTIFICATE OF DEATH 121

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 709 Main Street

3. NAME OF DECEASED (Type or Print): (First) Nelsie (Middle) P. (Last) Justice

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 23, 1893

9. AGE last birthday: 55 yrs. If under 1 year: Months 4 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Maddrix

14. MOTHER'S MAIDEN NAME: Mary Jane Sommers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ----

17. INFORMANT: Edward Justice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dil. of Heart & Shock — Few hours

Antecedent cause(s) (b) Appendicitis Peritonitis & Intestinal adhesions — 4 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Partial obstruction of Ileo-Cecal valve

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 25 - 49

19b. MAJOR FINDINGS OF OPERATION: Appendicitis, Peritonitis, Intestinal adhesions

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1949, to Jan. 28, 1949, that I last saw the deceased alive on Jan 28, 1949 and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

b E Eullins M.D. Crisfield, Md. Jan. 31-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Jan. 31, 1949 | NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery | LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: Jan. 31 - '49 | REGISTRAR'S SIGNATURE: Janice E. Speir

24. FUNERAL DIRECTOR ADDRESS: Durward Q. Covington-Crisfield, Md.

Durward Q. Covington

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon; LENGTH OF STAY (In this place) All life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	U.	Moore	January	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widow	January 6, 1864	85 yrs.	—	22	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Nanticoke Md	U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Billie Cox	Esther Livingston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	John Hornor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombi	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterial sclerosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arthritis — 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1945, to June 25, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Geo. B. Hall M.D.	Princess Anne, Md	1/29/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	January 30 '49	Asbury Cemetery	Mt Vernon, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/29/49	R. L. Johnson, M.D.	Dale Washiell	

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

763.0 108.2

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C I T

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) N. Fourth St

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Dorothy Anne	Gertrude	Morgan	Jan.	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	B	Single	Dec. 27, 1948	yrs.		10	7	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick (Forrest) Morgan
14. MOTHER'S MAIDEN NAME: Isadora Cane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Isadora Cane Morgan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Meningitis (3 Pneumococcus)	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia (3 Pneumococcus)	1 wk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 6, 1949, to Jan. 7, 1949, that I last saw the deceased alive on Jan. 6, 1949, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Payton	M.D.	Crisfield, Md	Jan. 8, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/8/49	Lawsonia Col. Cem.	Crisfield	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/8/49	Janice E. Spiers	H. Harvey Bradshaw	Crisfield Md

RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0857

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY: Somerset
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (In this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: South Fourth Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): South Fourth Street

3. NAME OF DECEASED (Type or Print): (First) ALLEN (Middle) ALHONZAR (Last) NOEL

4. DATE OF DEATH: (Month) January (Day) 14, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 30, 1901

9. AGE last birthday: 47 yrs. If under 1 year Months: 7 Days: 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Eddysville, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolpheus Noel

14. MOTHER'S MAIDEN NAME: Hester Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Floyd Ball

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous meningitis	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary tuberculosis	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1949, to Jan. 14, 1949, that I last saw the deceased alive on Jan. 12, 1949, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE: Sara M. Peyton (Degree or title) M.D. ADDRESS: Crisfield, Md DATE SIGNED: Jan. 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Jan. 17, 1949
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: Jan. 17, 1949
REGISTRAR'S SIGNATURE: Janice E. Spicer

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors
ADDRESS: Crisfield, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 24 1949
BUREAU V. S.

0858

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

420.1

940

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Marion Station

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 92yrs. 8mon. 21days

Hospital, institution, or street address where death occurred:

Marion Station

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion Station

(If outside city or town limits, write RURAL and give neareat town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John Emory Sudler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Eula Handy

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April, 10, 1856

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
92	8	21		

9. Birthplace: Somerset Co. Maryland (Town, county, and state)

10. Usual occupation: Retired farmer

11. Industry or business: Farming

FATHER — 12. Name: Thomas Sudler

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Sally Sudler

15. Birthplace: Maryland

16. Informant: Eula H. Sudler

Address: Marion Station, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/3/49 (month) (day) (year)

Cemetery or crematory: St. Stephens

Location: Fairmount Md.

18. Funeral director: Hubbard & Conaughton

Address: 306 Main St Crisfield Md.

19. Jan. 3 1948 (Date rec'd by registrar) Betty Massey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1 1949 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceaeed from ..... 19..... to ..... 19.....

and that I last saw h ..... alive on ..... 19.....

Immediate cause of death: Found dead - Bed. — DURATION

Coronary Disease

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Acting Dep Medical Exmr & Deputy CC Guy E. Cullum M.D. M. D. or other

Address: Marion Md. Date signed 1-2-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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JAN 10 1949
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0859

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: RURAL Marion
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: RURAL Marion
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: DOROTHY WATSON SWIFT

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Preston Swift

6.(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): July 27, 1916

8. AGE: Years	Months	Days	If less than one day
32	5	5	hrs. min.

9. Birthplace: Laurel-Sussex-Delaware
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Riley Watson
13. Birthplace: Laurel, Delaware

MOTHER
14. Maiden name: Lottie Wilson
15. Birthplace: Laurel, Delaware

16. Informant: Preston Swift
Address: Marion, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 5, 1949 (month) (day) (year)

Cemetery or crematory: Rehobeth Baptist Cemetery

Location: Rehobeth, Maryland

18. Funeral director: H. Harvey Bradshaw
Address: Crisfield, Maryland

19. January 4 19 1949 (Date rec'd by registrar) Betty Massey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2 1949, at 12 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1949, to Jan 2 1949 and that I last saw her alive on Jan 1 1949

Immediate cause of death	DURATION
Acute Dil of Heart	
Due to: Acute myocardial	3 days
Due to: Pulmonary disease Tubercular	
Other conditions: Lobotomy 4 years ago with Sinus that did not heal	4 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: None since 4 years ago

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Guy C Cuelhorn M D M. D. of other

Address: Marion Sta Md Date signed: Jan 4 49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 18 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

592 46 h 0860

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunset Nursing Home	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Nancy	(Middle) Dryden	(Last) Townsend	4. DATE OF DEATH	(Month) Jan.	(Day) 19	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 17, 1886	9. AGE last birthday 62 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Westover, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Thomas J. Dryden		14. MOTHER'S MAIDEN NAME Alice B. Coulbourne					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Nora Ward					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia acute Del of Heart — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Out vegetable Chronic nephrosis — Yeas

(c) Carcinoma of Peritoneum — not kn

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION mm	19b. MAJOR FINDINGS OF OPERATION mm	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1949, to Jan. 19, 1949, that I last saw the deceased alive on Jan 18, 1948, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C Coulbourn M.D.		Marion St Md	Jan 18 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 21, 1949	NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	LOCATION (City, town, or county) (State) Marion, Md.
DATE REC'D BY LOCAL REG. Jan. 20, 1949	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors,	ADDRESS Crisfield, Md.

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JAN 26 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

491 107 0861

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred: McCready Hospital
How long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 22 Wynnfall Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: WILLIAM JAMES WALSTON

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 15, 1948

8. AGE: Years	Months	Days	If less than one day
	7	17	hrs. min.

9. Birthplace: Crisfield-Somerset-Maryland
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Thomas W. Walston
13. Birthplace: Crisfield, Maryland

MOTHER
14. Maiden name: Hilda Lewis
15. Birthplace: Crisfield, Maryland

16. Informant: Thomas W. Walston
Address: Crisfield, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 5, 1949 (month) (day) (year)
Cemetery or crematory: Sunnyridge Cemetery
Location: Hopewell, Maryland

18. Funeral director: H. Harvey Bradshaw
Address: Crisfield, Maryland

19. January 4, 1949 (Date rec'd by registrar) Betty Massey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 2, 1949, at 2:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2, 1949 to Jan 2, 1949 and that I last saw h[illegible] alive on Jan 2, 1949.

Immediate cause of death: Coronary disease. — DURATION

Due to: Bronchopneumonia.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation:
Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Irvine E Cullen M.D. M. D. or other
Address: Main St Md Date signed: Jan 4 49

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JAN 18 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

929.0 0862

CERTIFICATE OF DEATH

183 Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS Locust Street	STREET ADDRESS (If rural give location) Locust Street

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) David (Last) Ward

4. DATE OF DEATH (Month) Jan. (Day) 16 (Year) 1949

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Mar. 11, 1941 | 9. AGE last birthday 7 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Crisfield, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Filbert Ward | 14. MOTHER'S MAIDEN NAME Gladys Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Filbert Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowned

Antecedent cause(s) Fell in Tank of water

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) William H. Coulbourn, M. D.

(c) DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION no | 20. AUTOPSY? Yes X No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | (CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) Jan (Day) 16 (Year) 1949 (Hour) 11A m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? Fell in tank of water

22. I hereby certify that I attended the deceased from Dead when I was called, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H Coulbourn M.D. ADDRESS DATE SIGNED Jan 19-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Jan. 20, 1949 | NAME OF CEMETERY OR CREMATORY Tawsonia | LOCATION (City, town, or county) Crisfield (State) Maryland

DATE REC'D BY LOCAL REG. Jan. 20, 1949 | REGISTRAR'S SIGNATURE Janice E. Spires | 24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, ADDRESS Crisfield, Md.

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JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.2 0863

CERTIFICATE OF DEATH

93d Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne — LENGTH OF STAY (in this place) 5 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Junior (Middle) Williams (Last)

4. DATE OF DEATH (Month) Jan. (Day) 13 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Col	Single	Jan 16 1908	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labor	Timber	Florida	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		William Gispie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 3 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10th, 1948, to Jan 13th, 1949, that I last saw the deceased alive on Jan 12, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Meursman — ADDRESS Princess Anne — DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-16-49	Polk Road	Polk Road Princess Anne Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/15/49	R. H. Johnson, M.D. gl.	William H James Jr. Princess Anne	Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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